

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09763483 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15	/					
16	/					
17		2				
18		①				
19		①				
20		①				
21		①				
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50						
TOTAL IND.	2					
TOTAL DEP.	29	↓	↓	↓		
TOTAL CLAIMS	31	↓	↓	↓		

*		*	
IND.	DEP.	IND.	DEP.
51			
52			
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98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓